

Slate Mailer Organization Campaign Statement

(Government Code Sections 84218-84219)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement Covers Period

from 07/01/2017

through 12/31/2017

Date Stamp

CALIFORNIA
1992 FORM **401**

1/6

FOR OFFICIAL USE ONLY

I Slate Mailer Organization Information

FULL NAME OF SLATE MAILER ORGANIZATION:

Citizens for Good Government

ID NUMBER

599010

ADDRESS NO AND STREET

CITY STATE ZIP CODE PHONE NUMBER

Covina CA 91722

NAME OF TREASURER:

Thomas Kaptain

ADDRESS NO AND STREET

CITY STATE ZIP CODE DAYTIME PHONE NUMBER

Chapel Hill NC 27514

II Is This A General Purpose Committee?

If this Slate Mailer Organization is also a "general purpose committee" as defined in Government Code Section 82027.5, check box and attach the committee's campaign disclosure report to this statement.

☐

Committee Report
Attached

☐

ID Number if
Recipient Committee

III Summary of Payments

	(A) Total This Period	(B) Cumulative to Date (Since January 1 of calendar year covered)
1 TOTAL PAYMENTS RECEIVED	\$ <u>22589.02</u> Sch. A, Line 3	\$ <u>46224.08</u>
2 TOTAL PAYMENTS MADE	\$ <u>6000.00</u> Sch. B, Line 3	\$ <u>66634.76</u>

IV Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/31/2018
DATE

At Covina
CITY AND STATE

By Yolanda Miranda CA
SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer Yolanda Miranda CA
TYPE OR PRINT

Title: ATR

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE

INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT FOR SLATE MAILER ORGANIZATIONS.

State of California Fair Political Practices Commission

Schedule A Payments Received

SCHEDULE A

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>	CALIFORNIA 1992 FORM 401
	2/6
I.D NUMBER 599010	

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

Citizens for Good Government

(1)	(2)	(3)		(4)	(5)
DATE RECEIVED	IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	(a)	(b)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE
		NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2)	CHECK BOX TO INDICATE IF PAYMENT WAS RECEIVED TO SUPPORT OR OPPOSE CANDIDATE OR MEASURE INCLUDED IN SLATE MAILER		
			SUPPORT	OPPOSE	
07/19/2017 	Committee to Recall Judge Persky Sacramento CA 95815 Reference No:	Aaron Persky Superior Court Judge	X		1000.00 1000.00
08/03/2017 	Connie Conway for BOE 2018 Visalia CA 93291 Reference No:	Connie Conway Board of Equalization Member	X		7500.00 7500.00
09/09/2017 	Lisa Bartlett for Supervisor Irvine CA 92618 Reference No:	Lisa Bartlett County Supervisor Orange County	X		3553.94 3553.94

SUBTOTAL

\$

Summary

- Amount Received - Payments of \$100 or More
(Include all Schedule A subtotals) \$ 22589.02
- Amount Received - Payments of Less than \$100
(Not itemized) \$ 0.00
- Total Payments Received (Line 1 + Line 2) Enter here and in
Column A, Line 1, of the Summary of Payments section on Page 1 \$ 22589.02

Schedule A Payments Received

SCHEDULE A

Statement covers period from 07/01/2017 through 12/31/2017	CALIFORNIA 1992 FORM 401
	3/6
I.D NUMBER 599010	

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

Citizens for Good Government

(1)	(2)	(3)			(4)	(5)
DATE RECEIVED	IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	(a)	(b)		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE
		NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2)	CHECK BOX TO INDICATE IF PAYMENT WAS RECEIVED TO SUPPORT OR OPPOSE CANDIDATE OR MEASURE INCLUDED IN SLATE MAILER			
			SUPPORT	OPPOSE		
09/15/2017 	Lumbard for Tustin City Council 2016 Tustin CA 92782 Reference No:	Austin Lumbard City Council Member City of Tustin	X		174.51	174.51
12/26/2017 	McNally Temple Assoc. Inc. Sacramento CA 95814 Reference No:	Jeff Reisig District Attorney Yolo County	X		1016.80	1016.80
09/14/2017 	Paul Graves for District Attorney 2018 San Jose CA 95126 Reference No:	Paul Graves District Attorney Contra Costa County	X		1954.50	1954.50

SUBTOTAL

\$

Summary

- Amount Received - Payments of \$100 or More
(Include all Schedule A subtotals) \$ _____
- Amount Received - Payments of Less than \$100
(Not itemized) \$ _____
- Total Payments Received (Line 1 + Line 2) Enter here and in
Column A, Line 1, of the Summary of Payments section on Page 1 \$ _____

Schedule A Payments Received

SCHEDULE A

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>	CALIFORNIA 1992 FORM 401
	4/6
I.D NUMBER 599010	

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

Citizens for Good Government

(1)	(2)	(3)		(4)	(5)
DATE RECEIVED	IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	(a)	(b)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE
		NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2)	CHECK BOX TO INDICATE IF PAYMENT WAS RECEIVED TO SUPPORT OR OPPOSE CANDIDATE OR MEASURE INCLUDED IN SLATE MAILER		
			SUPPORT OPPOSE		
11/30/2017 	Riverside Sheriffs Assoc. Public Education Fund Los Angeles CA 90017 Reference No:	Chad Bianco Other -- Sheriff Riverside County	X	7389.27	7389.27

Summary	SUBTOTAL	\$ 22589.02
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- Amount Received - Payments of \$100 or More
(Include all Schedule A subtotals) \$ _____
- Amount Received - Payments of Less than \$100
(Not itemized) \$ _____
- Total Payments Received (Line 1 + Line 2) Enter here and in
Column A, Line 1, of the Summary of Payments section on Page 1 \$ _____

Schedule B Payments Made

SCHEDULE B

Statement covers period from 07/01/2017 through 12/31/2017	CALIFORNIA 1992 FORM 401
	5/6
I.D NUMBER 599010	

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

Citizens for Good Government

NAME AND STREET ADDRESS OF PAYEE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Yolanda Miranda & Associates	Accounting Reporting	6000.00
Covina CA 91722 Reference No:		

Summary

	SUBTOTAL	\$ 6000.00
1. Payments of \$100 or More (Include all Schedule B subtotals)	\$ 6000.00	
2. Payments under \$100 This Period (Not itemized)	\$ 0.00	
3. Total Payments This Period (Line 1 + Line 2). Enter here and in Column A, Line 2, of the Summary of Payments section on Page 1.	\$ 6000.00	

Schedule C
Persons Receiving
\$1,000 Or More

SCHEDULE C

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA 1992 FORM	401
6/6	
I.D. NUMBER 599010	

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NAME OF SLATE MAILER ORGANIZATION:

Citizens for Good Government

You must identify each individual listed on your Statement of Organization (Form 400) who received, directly or indirectly, \$1,000 or more from the organization during the period. (See instructions on reverse regarding "indirect" payments.)

NAMES OF INDIVIDUALS RECEIVING \$1,000 OR MORE	AMOUNT THIS PERIOD	CUMULATIVE SINCE JANUARY 1
Yolanda Miranda & Associates	6000.00	6000.00